

Discharge Instructions for Rhinoplasty

Dr. Samuel Lam

(972) 312-8188 Monday-Friday, 9am-5pm

(214) 346-1388 Answering Service

SPECIFIC INSTRUCTIONS:

- Keep the head of your bed up (day and night) for 2 days following your surgery.
- NEVER apply ice to your nose.
- You may have to change your tip dressing several times each hour for the first 24 hours, and then less frequently thereafter.
- Begin to follow the suture site care the evening of your surgery. Apply a thin smear of Mupirocin ointment to the suture site twice daily until you see Dr. Lam for your follow-up visit.
- You may shower 24 hours after your surgery.
- Do not get the splint wet until the day of your 1 week post-operative appointment. That morning, shower and let the water run over the cast. This will make it easier for the doctor to remove it.
- You may use "Saline Spray" that we have provided as needed for congestion/dryness.
- Avoid strenuous activity (i.e. lifting or exercising) for the next 2 weeks.
- Avoid swimming for the next 6 weeks to avoid infection of the wound.
- Please use the "Nose Comfort" appliance we have provided to support the nose piece of your eyeglasses/sunglasses for 6 weeks following surgery. This will prevent the glasses from coming into contact with the nose during the healing process.
- If you need to sneeze please sneeze with your mouth open
- **IF you have had cartilage removed from your ear during surgery, please keep the dressing dry and intact until you have had your post-op visit with Dr. Lam. Do not clean the ear or apply ointment.**
- **IF you have packing in your nose, remove it tomorrow around noon. You may use the "Nasal Decongestant Spray" that we have provided ONE time after packing is removed if your nose is bleeding.**
- **If you have a persistent sinus headache or sinus pressure please use the Nasal Decongestant Spray you may repeat in 12 hours. Call our office if this persists for 24 hours.**
- **IF Dr. Lam wants you to tape your nose after your procedure, please watch the "Nose Taping" video on our website for instructions.**

Please return for your post-operative appointment as scheduled.

Patient Signature: _____ Date _____

Witness Signature: _____ Date _____